

<p>Problem 1 <u>End of Life (EOL) Education</u> Target Population</p> <ul style="list-style-type: none"> • Health Care Providers • Community/Human Service Providers (i.e. clergy, home health aids, social workers, case managers, etc.) • Community At Large • Individual Family Members • Employers/Insurance Providers • Politicians/Government <p>Content Areas to include:</p> <ul style="list-style-type: none"> • Recognition of Cultural/Religious Diversity • End of Life Health Care Options • End of Life Decision Making • Management of Physical, Psychosocial, Spiritual Needs • Communications Issues/Conflict Resolution • Bereavement Issues 	<p><u>Solution/Recommendations</u></p> <ul style="list-style-type: none"> • Continuing Education Programs (part of certification and licensure) • Mandatory EOL education as part of Core Curriculum for ALL health care professionals/ providers • Specialized EOL education for providers that care specifically for Cancer/ EOL clients (e.g. oncologists, family practice, internal medicine, pediatricians, nurse practitioners, physician assistants, etc.) • Promote Membership in and support of Professional Organizations whose mission is to focus on EOL issues • Support professional EOL organizations/agencies in being proactive in outreach including community education, utilization of the media, speakers bureau, training of health care and insurance providers, and political advocacy • Increase public awareness of existing educational resources such as websites and hotlines
<p>Problem 2 <u>Improving Access to Care</u> Specialized Populations</p> <ul style="list-style-type: none"> • Pediatric, adult, geriatric • Special needs groups • Minority populations <p>Coordination of End of Life Care Services</p> <ul style="list-style-type: none"> • Rural/Urban Needs • Ensuring Continuum of Care <p>Coverage of End of Life Services</p> <ul style="list-style-type: none"> • Financial/Insurance Coverage <p>Availability of Beds</p>	<ul style="list-style-type: none"> • Support the conduction of a needs assessment by a centralized coordinating Agency to identify gaps in resources for these specialized populations • Implement educational initiatives and identify resources which target specialized populations as directed by the needs assessment • Ensure availability and quality for EOL of care and ease to access care throughout the State including but not limited to inpatient hospice care • Ensure timely discussions of and referrals to appropriate EOL therapies • Promote the creation of Palliative Care Teams in Acute Care Settings • Support extension of Medicare/MA hospice team coverage to all patients with a limited prognosis regardless of treatment choices • Review and redesign Medicaid hospice benefit (for pediatric services) to support EOL needs: <ul style="list-style-type: none"> - Expand coverage for palliative therapies - Remove 6 month life expectancy criterion - Change Medicaid waiver guidelines - Mandate that insurers provide hospice benefits - Reimburse for bereavement services (support services) - Reimburse for respite services
<p><u>Problem 3</u> <u>Research into End of Life Care</u></p> <ul style="list-style-type: none"> • Quality Assurance • Health Care Provider Shortage (i.e. Nurses) • Physical, Psychosocial, and Spiritual Aspects of Care • Care Giver Issues • Health Services Systems/Programs 	<ul style="list-style-type: none"> • Support and Funding for EOL Research • Stimulate Interest in researching EOL issues • Develop a statewide mechanism for coordination and dissemination of interdisciplinary EOL research in the various professional schools, professional organizations, private grants • Support the development of a statewide, national and international data base on EOL research • Support use of CRF for End of Life Research/Programs